Doc Code:

PTO/SB/82 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

10/633,232

August 2, 2003

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Application Number

Filing Date

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

First Named Inventor Matthias BOLDT

An Unit 1614

Examiner Name Betton, Timothy E.

Attorney Docket Number 17835

| I hereby revoke all previous powers of attorney given in the above-identified application: | | | | | | | | | |
|--|--|-------|---|-------|---------|-----|-----|--|--|
| A Power of Attorney is submitted herewith. | | | | | | | | | |
| OR | | | | | | | | | |
| I hereby appoint the practitioners associated with the Customer Number: 23676 | | | | | | | | | |
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| I am the: Applicant/Inventor. | | | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71 | | | | | | | | | |
| Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | |
| | Signature | | | | | | | | |
| Name | Matthias F | foldt | 7 | | | | | | |
| Date | 7-9 | -07 | | | Telepho | - 1 | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | |
| ☑ *Total of 1 forms are submitted. | | | | | | | | | |

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